

<b>Case Number:</b>	CM15-0129372		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43 year old male who reported an industrial injury on 2/7/2014. His diagnoses, and or impression, were noted to include: right hip acetabular labrum tear with pain in joint involving pelvic region and thigh, status-post diagnostic right hip arthroscopy on 10/15/2014. No current imaging studies were noted. His treatments were noted to include consultations; surgery; psychiatric treatment; medication management; and rest from work. Documentation by primary treatment physicians are poor. There is no appropriate medication list provided making it hard to determine what patient is on in any given month. Patient appears to be on Ritalin but it is unclear what else he is on. The progress notes of 5/19/2015 reported complaints of anxiety about right hip surgery for correction of labral tear and all post-operative pain and restrictions. Objective findings were noted to include a down-cast head with poor eye contact while stating he does not want to do the wrong thing; that he missed his agreed medical examination appointment; and that the case manager still needed to arrange many things for the surgery. The physician's requests for treatments were noted to include the continuation of Omeprazole for gastrointestinal effects on his gut.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Omeprazole 20mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. It is unclear from documentation if patient is currently on NSAIDs. There is no documented dyspepsia complaints. Patient is not high risk for GI bleeding. Documentation does not meet criteria to recommend a PPI, Prilosec/Omeprazole is not medically necessary.